

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Vernon
 Township Washington
 City Nevasa Mo (No. _____) St. _____ Ward _____

Registration District No. 875
 Primary Registration District No. 6162

File No. 4723
 Registered No. 20

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Buffalo Mo

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud Jefferies

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26 1886

7. AGE YEARS 50 MONTHS 11 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas County

13. NAME W H Jefferies

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Margaret Becker date

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co

17. INFORMANT Maud Jefferies m
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo Mo DATE Jan 22 37

19. UNDERTAKER Eichinger Stone
 (ADDRESS)

20. FILED 1-32 37 M Eichinger
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 22 1937

22. I HEREBY CERTIFY That I attended deceased from Sept 16, 1936, to Jan 22, 1937

I last saw him alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Duchenne - Alan disease

Other contributory causes of importance:

Myocardial Insufficiency

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) C. J. McConnel M. D.

(Address) Nevasa Mo

